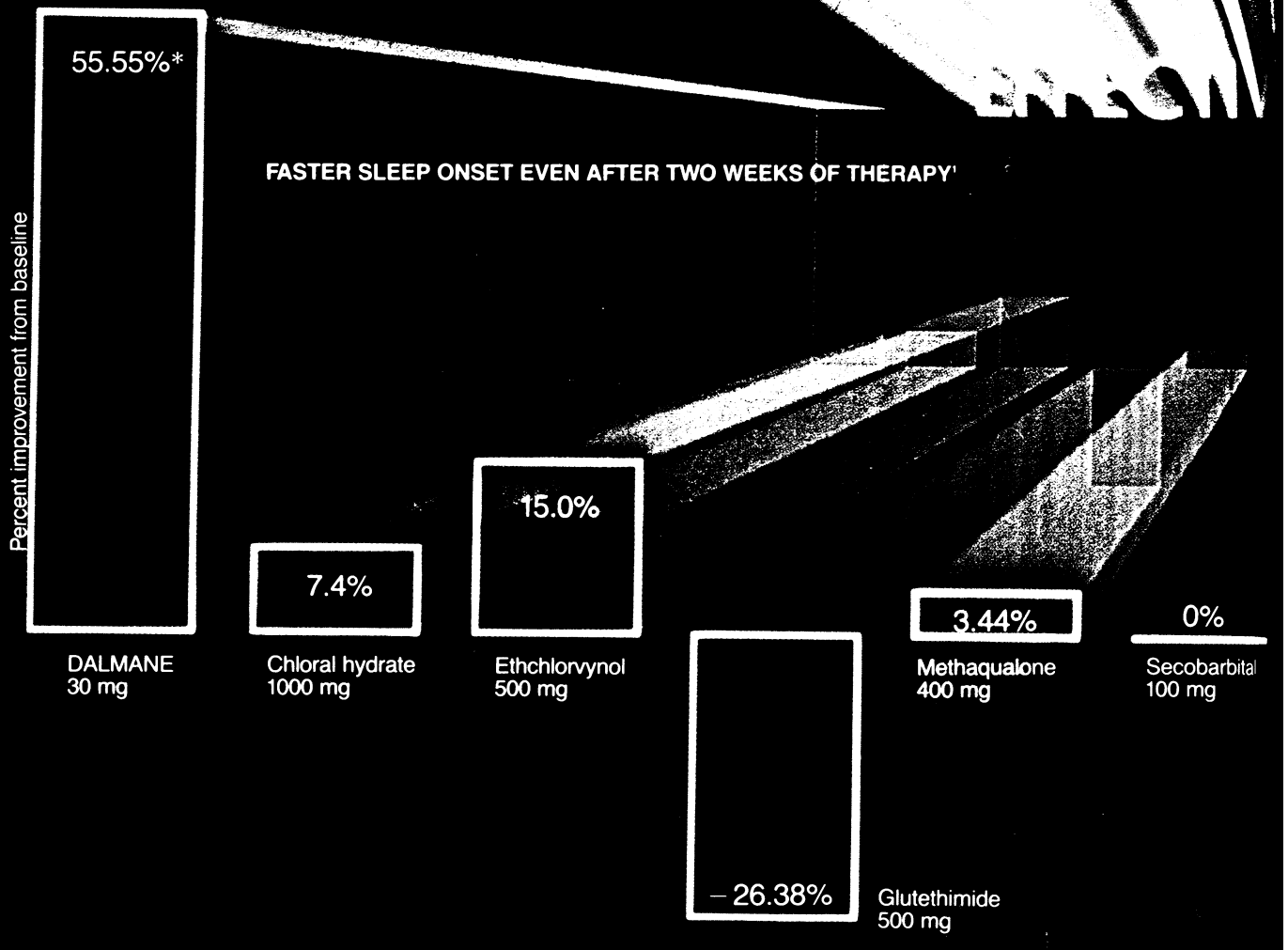
EFFECTIVE



THE MOST INTENSIVELY STUDIED SLEEP MEDICATION

Efficacy of Dalmane (flurazepam HCl/Roche) has been documented in 9141 insomniac patients evaluated in 185 clinical studies. In addition, Dalmane efficacy has been proven in the sleep research laboratory during 995 subject nights.[2]

WITH AN UNSURPASSED RECORD OF SAFETY

In a study of 2542 hospitalized medical patients with insomnia, adverse reactions were reported in only 3.1% or 78 patients. These reactions consisted predominantly of unwanted residual drowsiness; none were considered serious by attending physicians.[3] Safety has also been demonstrated by lack of interference with many commonly ordered laboratory tests [4,5] and no unacceptable fluctuation in prothrombin time in patients on chronic warfarin therapy.[6,7]

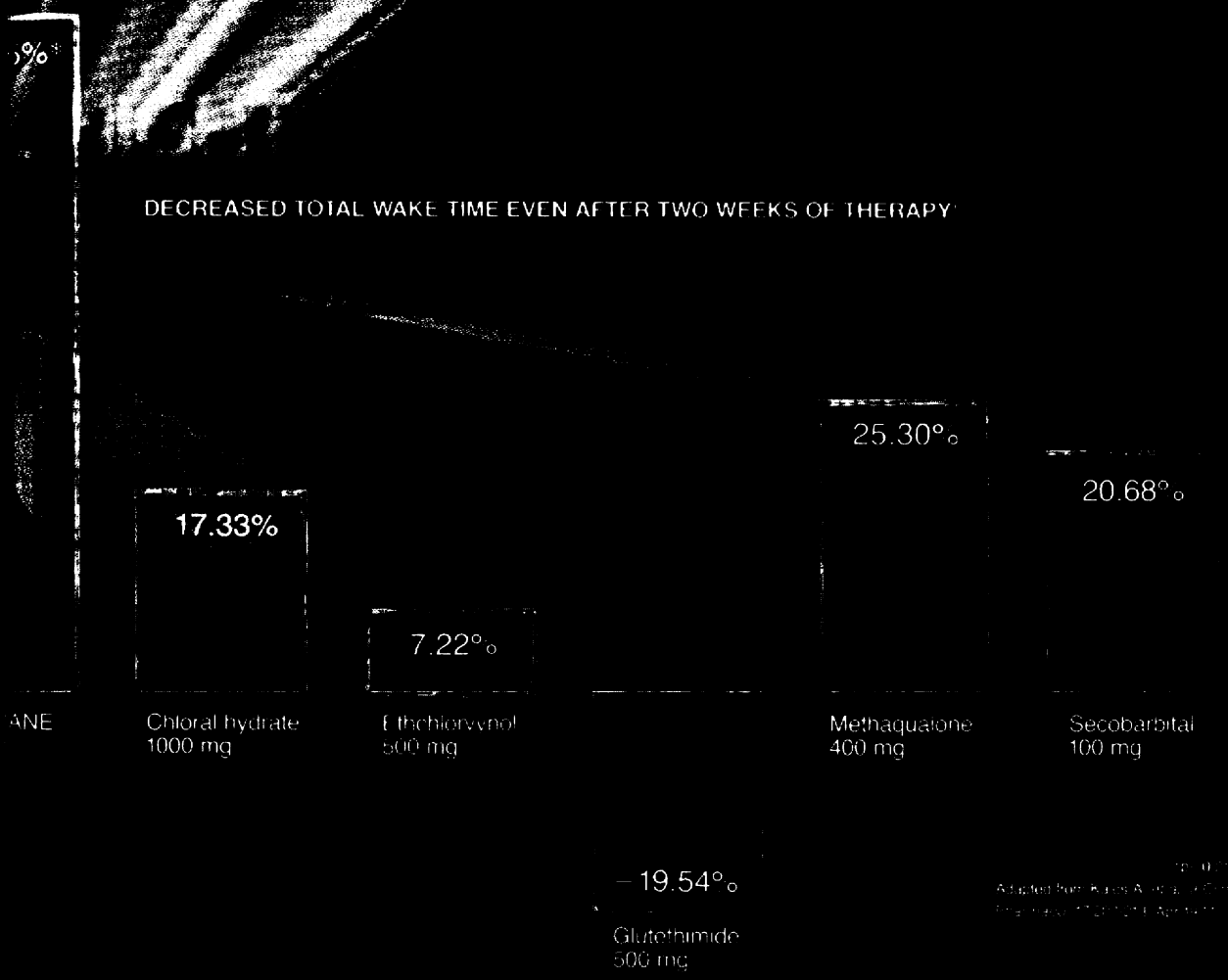
AND SLEEP WITHIN 17 MINU NO WORSENING OF SLEEP ON DISCONTINUATI

Rapid sleep induction, within 17 minutes on average,[3] sets the s for insomnia relief, with improve ment that continues.

In reviewing the experience a discontinuation of Dalmane (flurazepam HCl/Roche) for per ranging up to 14 nights, no wors ing of sleep compared with base was observed.[8]

Should insomnia recur, the pa may require guidance in setting regular sleep program to help p

LL NIGHT



...timum environment for
...of natural sleep. If hypnot-
...is required, it should be
...the shortest time at the
...ective dose to achieve the
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...s receiving Dalmane
...m HCl Roche) should be
...about possible combined
...th alcohol and other CNS
...nts, as well as about en-
...hazardous occupations
...complete mental alertness
...perating machinery or
...motor vehicle after ingesting

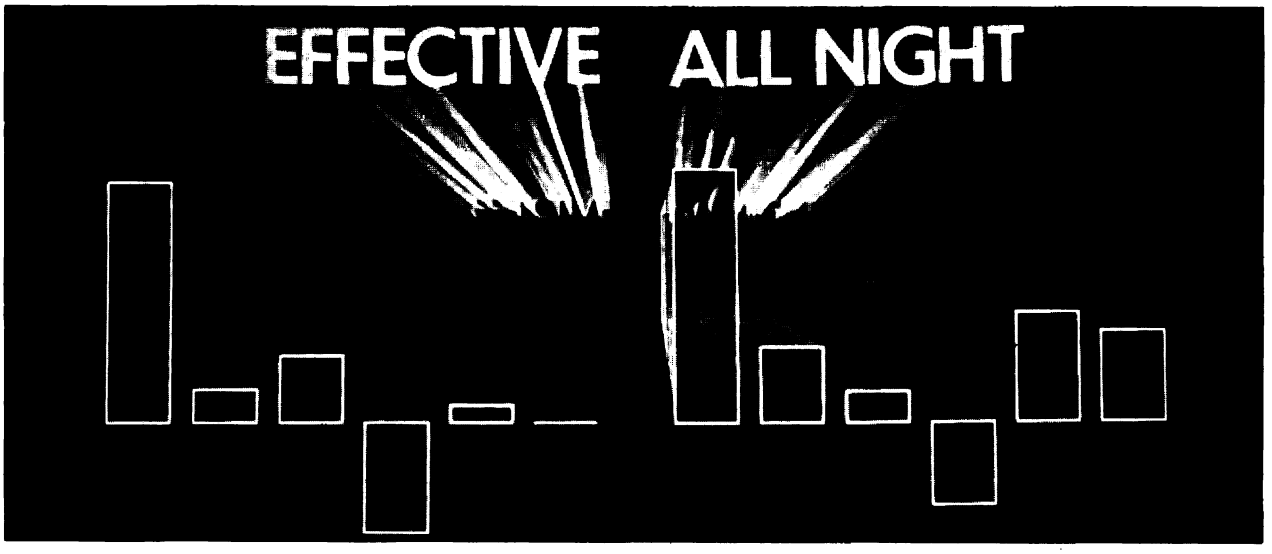
DALMANE® (IV)

flurazepam HCl/Roche

THE STANDARD OF HYPNOTIC EFFICACY FROM THE LEADER IN SLEEP RESEARCH

ROCHE

Please see following page for a summary of product information.



SLEEP-SPECIFIC DALMANE® (IV)
flurazepam HCl/Roche

One 15-mg capsule *h.s.*–recommended initial dosage for elderly or debilitated patients.
One 30-mg capsule *h.s.*–usual adult dosage
(15 mg may suffice in some patients).

THE STANDARD FOR HYPNOTIC EFFICACY WITH IMPORTANT ADDED BENEFITS

- Well tolerated[2]
- No chemical interference with many commonly ordered laboratory tests, including triglycerides, uric acid, glucose, SGOT, alkaline phosphatase and total protein[4,5] (See adverse reactions section of complete product information.)
- Compatible with chronic warfarin therapy; no unacceptable fluctuation in prothrombin time reported[6,7]

UNLIKE NONSPECIFIC MEDICATIONS USED FOR SLEEP

Tricyclic antidepressants

–which are *not* sleep specific,[9] yet are sometimes used in nondepressed patients for sleep

–which can cause transient insomnia in the elderly[10]

–which can require careful monitoring in cardiovascular patients[10]

–which have strong anticholinergic effects[10]

Antihistamines

–which are *not* reliable sleep-inducing agents[11]

–which may produce stimulation instead[11]

–which have anticholinergic effects[11]

Major tranquilizers

–whose side effects may be troublesome for nonpsychotic patients[12]

–where tolerance for sedation appears rapidly[12]

Dalmane does not cause significant worsening of sleep beyond baseline levels upon discontinuation.[8]

References: **1.** Kales A, *et al: J Clin Pharmacol 17*:207-213, Apr 1977 **2.** Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ **3.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977 **4.** Moore JD, Weissman L: *J Clin Pharmacol 16*:241-244, May-Jun 1976 **5.** Spiegel HE: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ **6.** Robinson DS, Amidon EL: Interaction of benzodiazepines with warfarin in man, in *The Benzodiazepines*, edited by Garattini S, Mussini E, Randall LO, New York, Raven Press, 1973, pp. 641-646 **7.** Warfarin Study: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ **8.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975 **9.** Baldessarini RJ: Drugs and the treatment of psychiatric disorders, chap. 19, in Goodman and Gilman's *The Pharmacological Basis of Therapeutics*, ed 6, New York, Macmillan Publishing Co. Inc., 1980, pp. 391-447 **10.** Cole JO, Davis JM: Antidepressant drugs, chap. 31.2, in *Comprehensive Textbook of Psychiatry II*, edited by Freedman AM, Kaplan HI, Sadock BJ, ed 2, Baltimore, The Williams & Wilkins Company, vol 2, 1976, pp. 1941-1956 **11.** Douglas WW: Histamine and 5-hydroxytryptamine (serotonin) and their antagonists, chap. 26, in Goodman and Gilman's *The Pharmacological Basis of Therapeutics*, ed 6, New York, Macmillan Publishing Co Inc., 1980, pp. 609-646 **12.** Davis JM, Cole JO: Antipsychotic drugs, chap. 31.1, in *Comprehensive Textbook of Psychiatry/II*, edited by Freedman AM, Kaplan HI, Sadock BJ, ed 2, Baltimore, The Williams & Wilkins Company, vol 2, 1976, pp. 1921-1940

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect.
Adults: 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients*: 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

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Manati, Puerto Rico 00701

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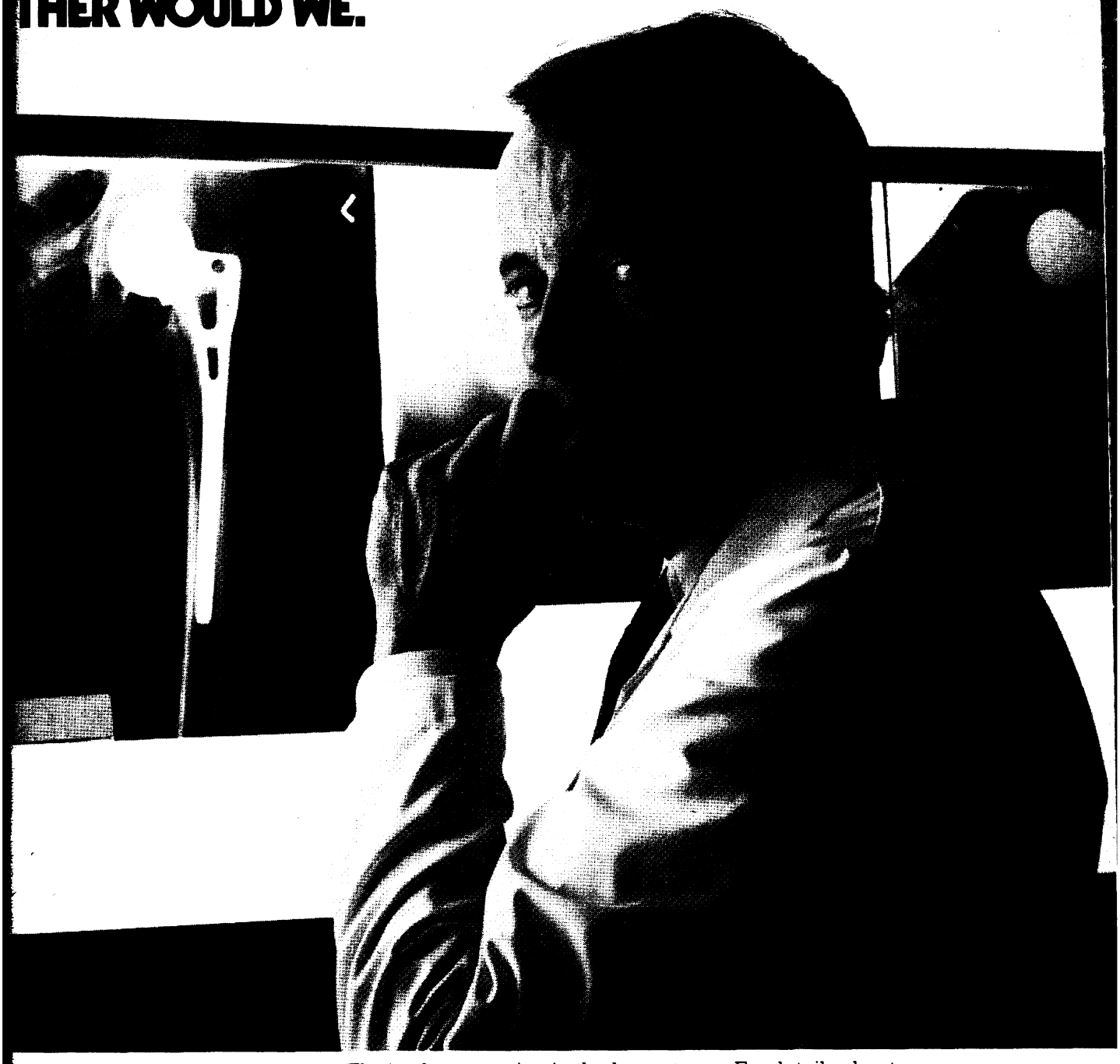

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An added complication...
n the treatment of bacterial bronchitis*

f Summary.
ult the package literature for prescribing rmation.

ications and Usage: Ceclor® (cefaclor, Lilly) is cated in the treatment of the following infections n caused by susceptible strains of the designated roorganisms:
wer respiratory infections, including pneumonia sed by *Streptococcus pneumoniae (Diplococcus umoniae), Haemophilus influenzae,* and *S. genes* (group A beta-hemolytic streptococci) ppropriate culture and susceptibility studies uld be performed to determine susceptibility of ausative organism to Ceclor.

traindication: Ceclor is contraindicated in patients known allergy to the cephalosporin group of biotics.

nings: IN PENICILLIN-SENSITIVE PATIENTS, HALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED TIOUSLY. THERE IS CLINICAL AND LABORATORY ENCE OF PARTIAL CROSS-ALLERGENICITY OF THE CILLINS AND THE CEPHALOSPORINS, AND THERE ARE ANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO H DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER ENTERAL USE).
tibiotics, including Ceclor, should be administered iously to any patient who has demonstrated some of allergy, particularly to drugs.

autions: If an allergic reaction to cefaclor occurs. drug should be discontinued, and, if necessary, the nt should be treated with appropriate agents, e.g., sor amines, antihistamines, or corticosteroids. olonged use of cefaclor may result in the growth of nonsusceptible organisms. Careful rvation of the patient is essential. If superinfection rs during therapy, appropriate measures should ken.
sitive direct Coombs tests have been reported g treatment with the cephalosporin antibiotics. In tiologic studies or in transfusion cross-matching edures when antiglobulin tests are performed on inor side or in Coombs testing of newborns e mothers have received cephalosporin antibiotics e parturition, it should be recognized that a ive Coombs test may be due to the drug clor should be administered with caution in the nce of markedly impaired renal function. Under a condition, careful clinical observation and atory studies should be made because safe ge may be lower than that usually recommended. a result of administration of Ceclor, a false-ive reaction for glucose in the urine may occur has been observed with Benedict's and Fehling's ions and also with Clinitest® tablets but not with ape® (Glucose Enzymatic Test Strip, USP, Lilly).
ge in Pregnancy—Although no teratogenic or rtility effects were seen in reproduction studies e and rats receiving up to 12 times the mum human dose or in ferrets given three times aximum human dose, the safety of this drug for human pregnancy has not been established. enefits of the drug in pregnant women should ighed against a possible risk to the fetus.
ge in Infancy—Safety of this product for use in s less than one month of age has not been ished.

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below:
Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).
Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.
Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.
Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).
Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.
Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).
Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).
Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). [1030808R]

* Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae.*[8]

Note: Ceclor® (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.
Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

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2. Antimicrob. Agents Chemother., *11*:470, 1977.
3. Antimicrob. Agents Chemother., *13*:584, 1978.
4. Antimicrob. Agents Chemother., *12*:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II: 880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., *13*:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487. New York: John Wiley & Sons, 1979.

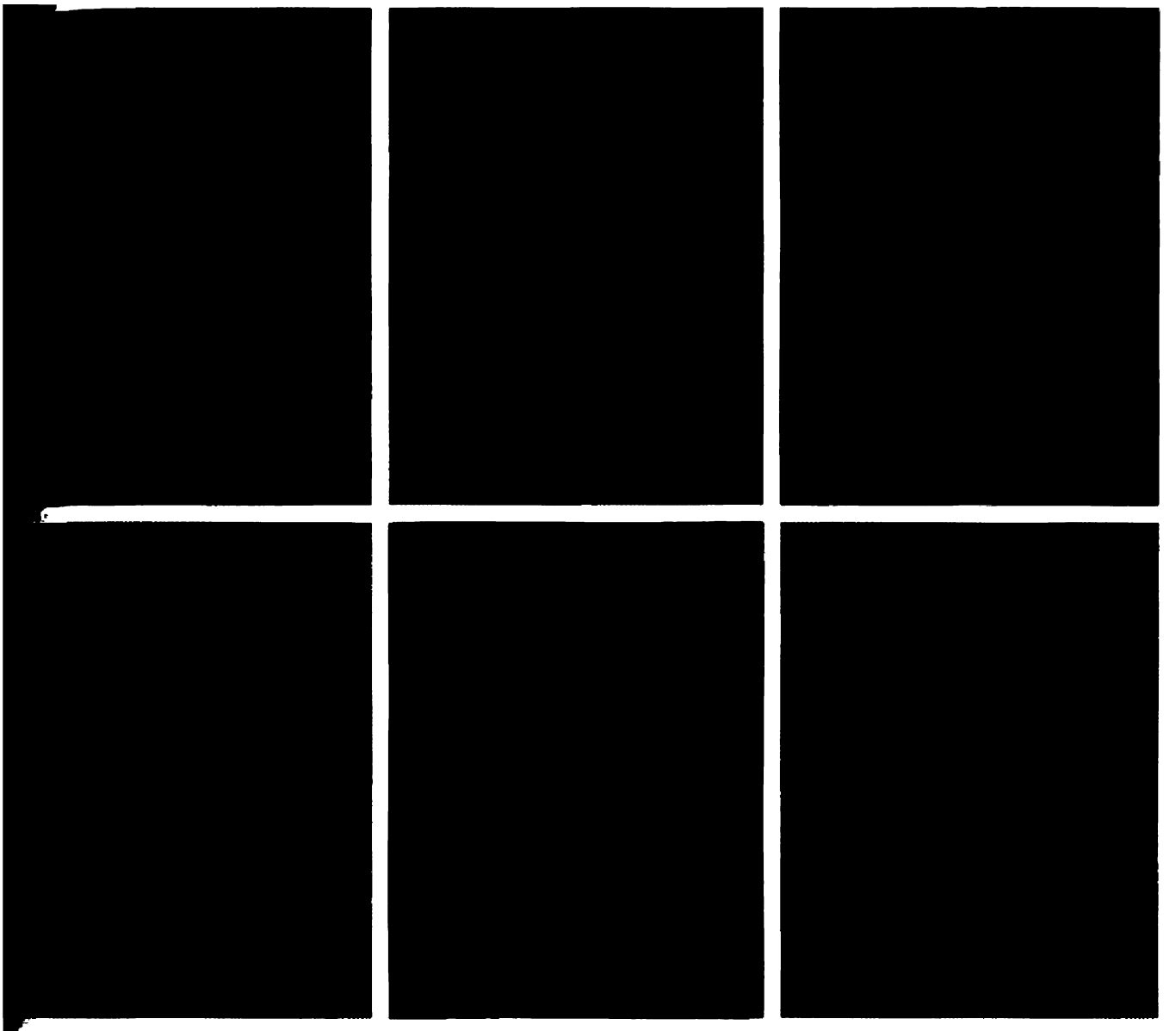
Ceclor®
cefaclor

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Lilly

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

100081



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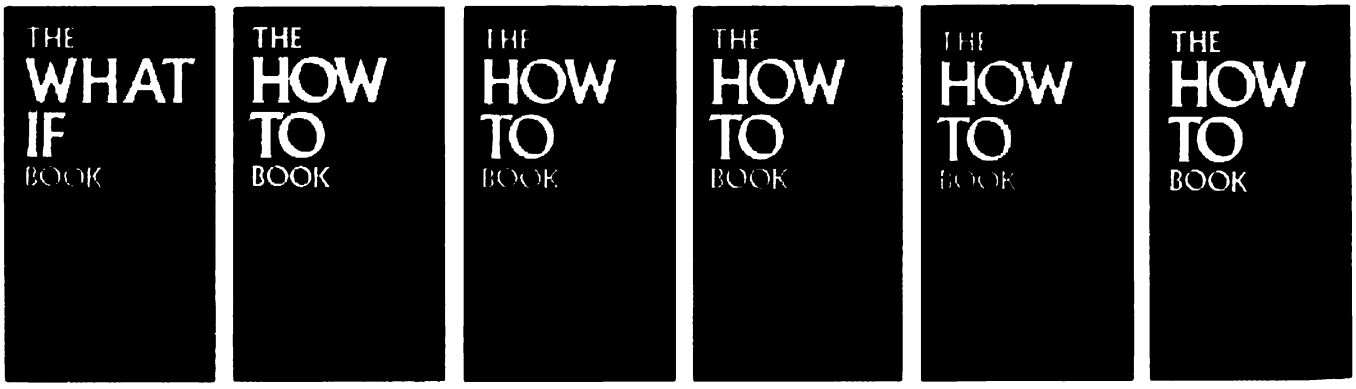

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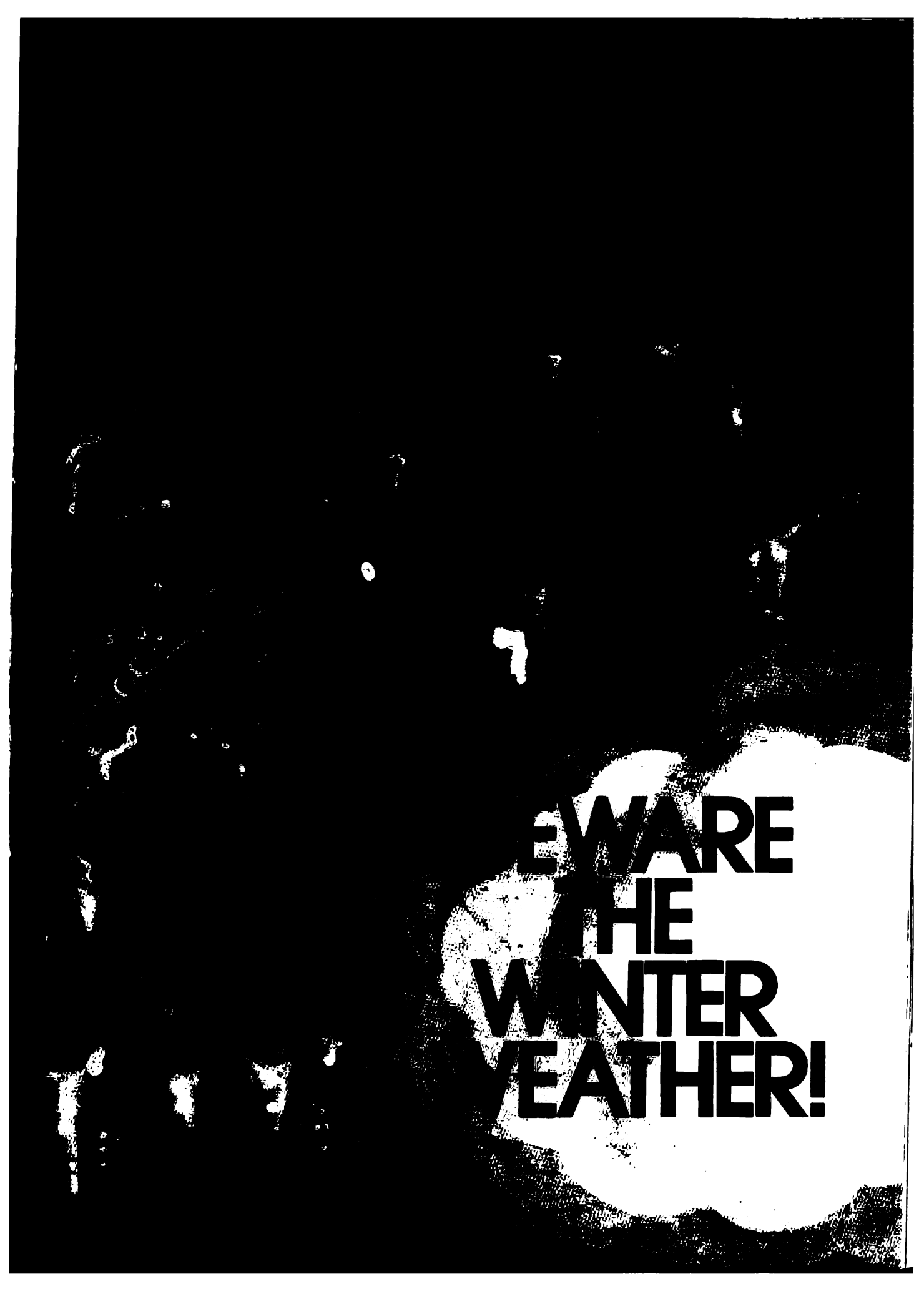
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TABLETS

Each prolonged action tablet contains: Phenylephrine Hydrochloride 25 mg • Phenylpropanolamine Hydrochloride 50 mg • Chlorpheniramine Maleate 8 mg • Hyoscyamine Sulfate 0.19 mg • Atropine Sulfate 0.04 • Scopolamine Hydrobromide 0.01 mg • Each Ru-Tuss tablet acts continuously for 10 to 12 hours.

Symptomatic Relief of Sneezing and Nasal Congestion

Comprehensive decongesting, antihistaminic and anti-secretory reliever for patients with nasal, sinus and other upper respiratory irritation.

- Eases breathing • Reduces sneezing
- Reduces tearing • Dries the drip

One tablet b.i.d. gives round-the-clock relief to adults and older children (12 years and over).

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Each fluid ounce contains: Codeine Phosphate 65.8 mg • (WARNING: MAY BE HABIT FORMING) Phenylephrine Hydrochloride 30 mg • Phenylpropanolamine Hydrochloride 20 mg • Pheniramine Maleate 20 mg • Pyrilamine Maleate 20 mg • Ammonium Chloride 200 mg • Alcohol 5%

Symptomatic Relief of Coughing with Nasal and Bronchial Decongestion

Full range symptom-reliever for patients with air way congestion in the upper chest as well as the nose and throat.

- Blocks the cough
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- Reduces sneezing
- Eases breathing
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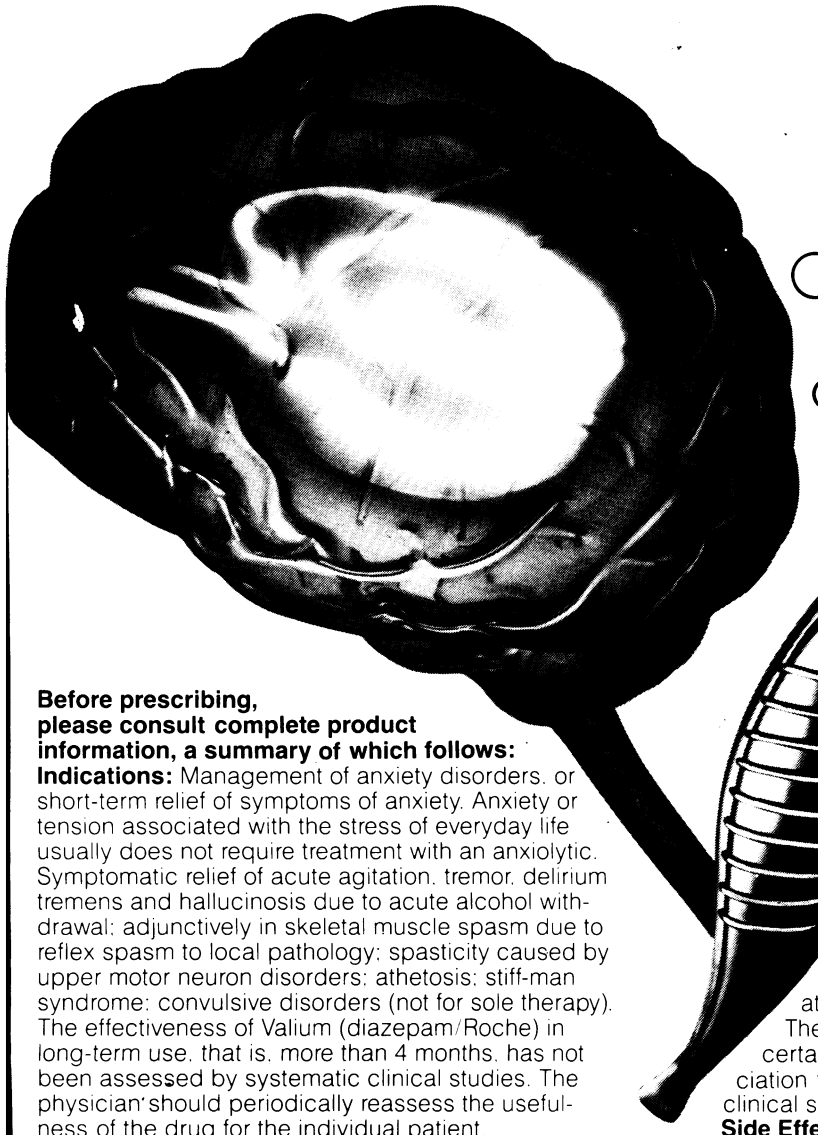

Only Valium® (diazepam/Roche) is indicated in anxiety disorders and as an adjunct in the relief of skeletal muscle spasm

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy). The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

The clearance of Valium (diazepam/Roche) and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

How Supplied: For oral administration, Valium scored tablets—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100* and 500;* Prescription Paks of 50, available in trays of 10.* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25,† and in boxes containing 10 strips of 10.†

* Supplied by Roche Products Inc., Manati, Puerto Rico 00701
† Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110

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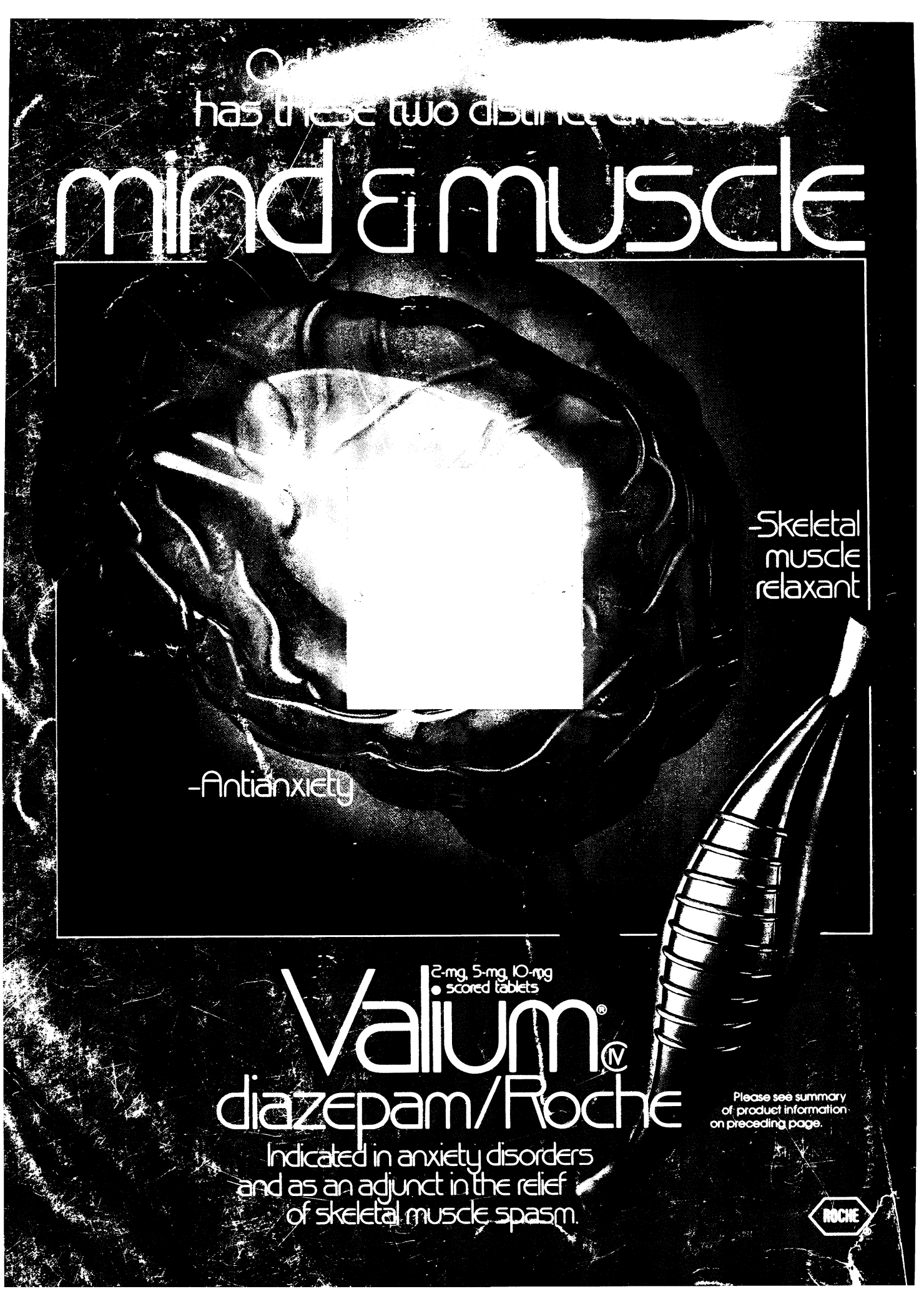
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Please see summary of product information on preceding page.
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